

SEE REVERSE SIDE FOR SCHOOL, STUDENT, AND AGENCY CERTIFICATIONS

The school certifies that the schedule on this Agreement meets the requirements of its cooperative education curriculum.

Signature of school representative

Date

Title

Phone number

The schedule reflects my current plans and is acceptable to me.

Signature of student

Date

The agency certifies that the schedule meets the requirements of its cooperative education program.

Signature of agency representative

Date

Title

Phone Number